

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1957

State File No. 19674

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1330

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>TEXAS</u> b. COUNTY <u>HARRIS</u>	
b. CITY OR TOWN <u>RURAL ST. FERDINAND, INDIANA</u>		c. CITY OR TOWN <u>HOUSTON</u>	
c. LENGTH OF STAY (in this place) <u>3 mos</u>		d. Is residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LULLABY NURSERY LAUREL BAY OAK</u>		e. STREET ADDRESS (If rural, give location) <u>115 WEST HAMILTON</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LESLIE</u> b. (Middle) <u>MCKAY</u> c. (Last) <u>GLIMPSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 23, 1957</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>FEB. 26, 1953</u>		9. AGE (In years last birthday) <u>4</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HOUSTON, TEXAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>ROBERT D. GLIMPSE</u>		13b. MOTHER'S MAIDEN NAME <u>JOAN DUFFY</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>ROBERT D. GLIMPSE, 317 EAST 2nd, DES MOINES, IOWA.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural causes: Acute congestive heart failure due to congenital heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural Causes</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nursing Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>May 23, 1957 12:45 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Death due to natural disease process - child found coughing in play pen and when removed turned blue.</u>	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Raymond W. Harris Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>5/28/57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-25-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	
		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co., Mo.</u>			

DATE REC'D BY LOCAL REG. <u>5-24-57</u>		REGISTRAR'S SIGNATURE <u>Robert B. Donahue</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Gene H. Hutchins, FLO RISSANT, MISSOURI.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gene A. Hutchens*

Licensed Embalmer No. *496*

P. O. Address *Flour...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above-constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.